

eighth largest trading partner. Last year, nearly 30,000 students from Taiwan were enrolled in United States colleges and universities. Additionally, the United States, outside of Asia, is the number one destination for Taiwan travelers. Clearly, Taiwan and the United States share many values in common such as attachment to freedom, democracy and human rights.

I also wish to thank President Chen for his strong words of support after the terrorist attacks of September 11. The people of Taiwan recognize the importance of solidarity in times of difficulty, as they recently coped with the devastating effects of two typhoons, and I thank them for their offer to assist in international efforts to eliminate worldwide terrorism.

On this day of celebration for the people of Taiwan, I offer them my best regards and gratitude for their support and friendship.

TRIBUTE TO VENA RICKETTS, MD

HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 11, 2001

Mr. SHERMAN. Mr. Speaker, I rise today to honor Dr. Vena Ricketts for her tremendous contributions to our local and global communities. On October 12, 2001, Olive View-UCLA Medical Center Foundation will honor Dr. Vena Ricketts with the "Nelle Reagan Award for Distinguished Community Service" in Woodland Hills, California.

Dr. Ricketts stands out among physicians as a dedicated volunteer whose efforts reach those in medical need worldwide. She serves as a team leader on missions which provide impoverished people throughout the world with vital medical and dental care. These philanthropic missions have taken Dr. Ricketts to Nepal, Ghana, Bulgaria, Bethlehem, Palestine, Gambia, and most recently, Cambodia.

Dr. Ricketts has also been extremely dedicated to serving her local community throughout her years in practice. She has served as a volunteer physician at the Hollywood Centrum Organization and the local House of Magdalene. In addition, Dr. Ricketts is the Medical Director at the Church on the Way in Van Nuys, California.

Currently, Dr. Ricketts is a professor at the UCLA School of Medicine and Assistant Chair of the Department of Emergency Medicine at the Olive View-UCLA Medical Center. She founded and heads up the hospital's Health Career Day in which hundreds of local students have been provided the opportunity to learn about career options in the medical field.

The innovative teaching methods used by Dr. Ricketts at this career expo have received significant national attention. She received the Department of Emergency Medicine "Golden Award for Excellence in Teaching" as well as the National Emergency Residents Association "Augustine D'Orta Award for Excellence in Health Policy and Community Service".

Dr. Ricketts serves as an inspiration to all of us through her tireless dedication to providing exceptional medical care to people in need around the world. It is a distinct pleasure to

ask my colleagues to join me in saluting Dr. Vena Ricketts on her outstanding achievements.

THE OPPRESSED WOMEN OF AFGHANISTAN

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 11, 2001

Mr. GILMAN. Mr. Speaker, I want to thank the gentlelady from California (Ms. SOLIS) for arranging this special order today. I also want to extend my best wishes and prayers to the women of Afghanistan.

Just as we cannot forget the horrific events of September 11, 2001, we must not forget the women of Afghanistan who have been suffering under the brutal Taliban regime since 1996. They were the first victims of the Taliban.

Today, there are thousands of widows in the capital of Afghanistan who are unable to leave their homes, even for food and emergency medical care. Women are forced to cover themselves from head to toe, denied access to education and proper health care, forbidden to work so that they may support their families, and face brutal beatings if they do not comply with the rules set forth by their oppressors. Amnesty International calls Afghanistan under the Taliban "a human right catastrophe." These women are struggling to survive in what has become a police state claiming to be a theocracy.

Nonetheless, by enacting these oppressive measures, the Taliban regime claim they are restoring Afghanistan to the purity of Islam. However, authorities in a number of Muslim countries insist that few of the regime's dictates have a basis in Islam. The religion of Islam requires all Muslims to cherish women, and requires that their status to be equal to that of men. It is the Taliban's interpretation of Islam and treatment of women that is un-Islamic. It is they who are the unbelievers, the oppressors, and the blasphemers. And it is they who continue to use violence and a distorted interpretation of Islam to force their ideology on others.

My sympathies and prayers with the women of Afghanistan, and I hope that their ordeal will soon come to an end.

OPPOSE DELAYS IN ENFORCING EXECUTIVE ORDER 13166

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 11, 2001

Ms. SCHAKOWSKY. Mr. Speaker, I rise in strong opposition to the amendment offered by the gentleman from Oklahoma, which would delay enforcement of Executive Order 13166 that requires federal agencies and organizations that receive federal funding to provide translators to limited English proficient individuals.

Executive Order 13166 promotes actions consistent with, but not unduly burdensome to,

the fundamental mission of federal programs. Flexibility is recognized as essential—states and providers need only do what they can, given their circumstances, to assist limited English proficiency (LEP) individuals. For example, street signs do not need to be translated into characters and doctors who serve LEP individuals on an infrequent basis are not required to have full-time interpreters or bilingual staff, this would be considered undue burden.

The need for Executive Order 13166 and its implementing guidance cannot be overstated. LEP individuals—many of whom initially enter the United States as refugees and asylees—endure restricted access to critical public health, hospital and medical services which they often desperately need. The most recent Census data that documents over 31 million individuals, over one in nine Americans, speak a language other than English at home. While this reality should be viewed as a cultural strength of our nation, in the health care context an individual's limited English proficiency often results in inadequate health care. An inability to comprehend the patient, mixed with a fear of liability, can also lead some doctors to order expensive, otherwise avoidable tests. Conversely, because of communication problems, non-English speakers often avoid seeking treatment until it is absolutely necessary, which disproportionately causes them to underutilize cost-effective preventive care. This is not only unhealthy, but often more expensive. Without Executive Order 13166 and translation services for LEP populations, citizens and non-citizens alike suffer.

Parents of citizen children, who have limited knowledge of English, can not explain to the doctor what is wrong with their child nor do they understand what the doctor tells them to do for treatment. If a LEP individual arrives at a hospital with symptoms of tuberculosis—or smallpox—without an interpreter, hospital staff and public health officials would be unable to communicate with the patient and a public health hazard could easily spiral out of control.

Here are additional stories that have resulted from inadequate LEP translation services available.

A Korean woman appeared for a gynecology exam, but no interpreter or language line assistance was provided. The clinician used the 16-year-old son of a complete stranger to translate.

A woman requiring treatment for a uterine cyst was unable to receive treatment on two separate occasions because an interpreter was unavailable.

A man suffering from a skin condition requiring laser treatment underwent treatment for over a year. The man endured days of pain after each treatment, but was unable to communicate this because he was never provided with an interpreter. Only after a community organization intervened did the clinic understand the patient's pain and adjust the treatment.

A Russian-speaking woman experienced life-threatening complications from prescribed medications. Without an interpreter or use of a language line, doctors in the emergency room were unable to treat her. Only because a Russian-speaking young girl happened by and agreed to help were doctors able to save the woman's life.